

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Authorization for Release of Information

I, _____
Last First Middle Race Sex DOB

Address

Social Security No.

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the **Maryland Capitol Police**, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities, and including medical records that the health care provider has received from another provider; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. Facsimile cover pages stating the name of a health care provider are considered part of this release form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. This authorization is valid for one year from the date of my signature.

Signature

Date

Notary Public Certification

State of Maryland County Of _____

I hereby certify that on this _____ day of _____, 20____, before me, a Notary Public for said state and county, personally appeared _____, and made oath in due form of law that he/she has executed this authorization for release of information in the capacity therein stated and for the purpose therein contained. In witness, I here unto set my hand and official seal.

_____ My commission
expires: _____

Notary Public Signature

Affix Official Seal: